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7590 05/21/2004

Paul A. Leipold
Patent Legal Staff
Eastman Kodak Company
343 State Street
Rochester, NY 14650-2201



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| <i>June P. Cuffagna</i> (Depositor's name) | |
| <i>June P. Cuffagna</i> (Signature) | |
| August 11, 2004 (Date) | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/621,968 | 07/17/2003 | Robert E. Dickerson | 84264AJLT | 2028 |

TITLE OF INVENTION: RADIOGRAPHIC IMAGING ASSEMBLY FOR MAMMOGRAPHY

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

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|----------------|----|--------|-------|--------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 08/23/2004 |
|----------------|----|--------|-------|--------|------------|

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| SCHILLING, RICHARD L | 1752 | 430-139000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

J. Lanny Tucker

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EASTMAN KODAK COMPANY

343 STATE STREET, ROCHESTER, NY 14650-2201

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Authorized Signature) (Date)

Paul A. Leipold /pc 8/11/04

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08/13/2004 BSAYAS12 00000029 050225 10621968

**01 FC:1501 1330.00 DA
02 FC:1504 300.00 DA**

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